



Incident Report

Print Date/Time: 08/16/2016 09:38
Login ID: ss0143

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00015992

Incident Date/Time: 8/13/2016 2:34:48 PM
Location: SR 9 NE / SR 204
LAKE STEVENS WA 98258
Phone Number: (425) 301-7097
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D3	SS0144-Michael

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	KOKULAK, ROBERT LEE	29020 223RD AVE Arlington WA 982235377			Male	11/02/1969
1	Driver	LEE, HANKOO	214 N 185TH ST Shoreline WA 981333840	(206) 334-6326		Male	01/12/1994
2	Driver	KOKULAK, ROBERT LEE	29020 223RD AVE Arlington WA 982235377			Male	11/02/1969

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						B80202T	
Involved Vehicle						BAB5836	

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

08/13/2016 : 14:36:28 SP0401 Narrative: *** LOC UPDATED *** NON BLKIN, NON INJ, WHI DODGE 550 VS BLK KIA
08/13/2016 : 14:35:12 SP0401 Narrative: CC, 2 AGO, 2 VEH COL

COLLISION REPORT



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E573608**

1

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE # **2016-15992**

LOCAL AGENCY CODING

TOTAL # OF UNITS **02** OBJECT STRUCK

2

3

DATE OF COLLISION **08 - 13 - 2016** TIME (2400) **1433** COUNTY # **31** MILES CITY # **0664**

N S E W IN OF

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

SR9 BLOCK NO. MILE POST

4a

5

DISTANCE **500** **00** MILES FEET N E S W **SR 204**

6

UNIT 01 MOTOR VEHICLE PEDAL-CYCLE DAMAGE THRESHOLD MET YES NO PHONE **D: 2063346326**

LAST NAME **LEE** FIRST NAME **HANKOO** MIDDLE INITIAL

STREET NEW ADDRESS **214 N 185TH ST**

7

CITY **SHORELINE** ST **WA** ZIP **981333840**

8

CDL RESTRICTIONS **B** ENDORSEMENTS

9

DRIVER'S LICENSE # **LEE**H*065BK** STATE **WA** SEX **M** D.O.B. **01 - 12 - 1994**

10

ON DUTY STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIES

11

LICENSE PLATE # **BAB5836** STATE **WA** VIN# **KNAFE121X65327246**

12

TRAILER PLATE # STATE TRAILER PLATE # STATE

13

VEH. YEAR **2006** MAKE **KIA** MODEL **SPEC4D** STYLE **SD** VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. **HANKOO LEE 214 N 185TH ST SHORELINE WA 98133**

14

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # **STATE FARM INSURANCE 3989532A2147**

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE

VEHICLE NO. 1
SHADE IN DAMAGED AREA



15

UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE

LAST NAME **KOKULAK** FIRST NAME **ROBERT** MIDDLE INITIAL **L**

STREET NEW ADDRESS **29020 223RD AVE NE**

17

CITY **ARLINGTON** ST **WA** ZIP **982235377**

18

CDL RESTRICTIONS ENDORSEMENTS

19

DRIVER'S LICENSE # **KOKULRL317QB** STATE **WA** SEX **M** D.O.B. **11 - 02 - 1969**

20

ON DUTY STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIES

21

LICENSE PLATE # **B80202T** STATE **WA** VIN# **3D6WU7EL2BG595792**

22

TRAILER PLATE # STATE TRAILER PLATE # STATE

23

VEH. YEAR **2011** MAKE **DODG** MODEL **SERV** STYLE **CB** VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. **INFRA SOURCE LLC LSE 14103 STEWART RD SUMNER WA 98390 D: 4258646154**

24

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # **OLD REPUBLIC INSURANCE MWTB307275**

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE

VEHICLE NO. 2
SHADE IN DAMAGED AREA



25

OFFICER'S NAME (PRINT) **A. MICHAEL #0144** BADGE OR ID # **0144** AGENCY **WA0311900**

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1591972

CORRECTION

REPORT NO. **E573608**

CASE # **2016-15992**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #												SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #												SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #												SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Vehicles 1 and 2 had just turned northbound onto SR 9 from SR 204. Vehicle 1 was in the outside lane while Vehicle 2 was in the inside lane.

As both accelerated at equal rate, Vehicle 1 began leaving it's lane and entered the inside lane which was already occupied by V2. V1 crashed into V2 in the inside lane.

I contacted both drivers at the scene. Driver of V1 admitted that he fell asleep while driving because he had been driving for a while.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

A. MICHAEL #0144 _____ **08-14-16 03:28 PM** _____
 INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED

APPROVED BY **BOB SUMMERS 0079** _____ DATE **8/14/2016 5:40:09 PM**

BADGE OR ID #	0144	ORI #	WA0311900	TIME POLICE DISPATCHED	2:34 PM	TIME POLICE ARRIVED	2:41 PM
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REPORT NO. E573608

CASE # 2016-15992

DATE AND TIME OF COLLISION 08/13/16 14:33

